



Miami-Dade County Public Schools
Division of Student Services, Comprehensive Health Services

STUDENT MEDICATION LOG

School: _____ **Current School Year:** _____

Student's name:	Diagnosis:	Date of Birth: Gr./Teacher/Rm. #:
Medication: _____	Dose: _____	Time: _____ Route: _____
Parent/Guardian's Phone Number(s):	Allergies:	Side Effects:
Address:		

Medication Administration(see example below)

Date	Dose	Route	Time	Initials	(Code) refer to code table below/Comments
10/12/11	1 tablet	Oral	11:30AM	A.B.C.	(M) Medication not given because of expired date, parent notified.

Medication Count

Date/Time	Amount on Container	Quantity On Hand	Quantity Received	Quantity Returned	Total	Initials of Staff	Initials of Parent/Guardian

Signature/Title of Staff Giving Medication	Initials	Medication Codes(write in code section)	
1.		A. Absent	N. No School (Holiday/ Teacher Planning Day)
2.		D. Early Dismissal	O. Out of Med.
3.		E. Emergency Evacuation	R. Refused
4.		F. Field Trip	V. Vomited
5.		M. Missed Medication (must explain in comments section)	W. Withheld Dose (must explain in comments section)